

JAN 17 2006

PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$250.00)

Complete if Known

Application Number	09/148,012
Filing Date	September 4, 1998
First Named Inventor	Monty Krieger
Examiner Name	Robert Landsman
Art Unit	1647
Attorney Docket No.	MIT 8299

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 16 - 22 or HP = 0 x 0 = 0 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 1 - 3 or HP = 0 x 0 = 0 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>16</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4. OTHER FEE(S)

Non-English Specification \$130 fee (no small entity discount)

(Other: Appeal Brief)

Fees Paid (\$)\$250.00**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent)	Telephone
<u>Patrea L. Pabst</u>	<u>31,284</u>	<u>(404) 879-2151</u>
Name (Print/Type)	Date	
<u>Patrea L. Pabst</u>	<u>January 17, 2006</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MIT 8299 / 701350-00031

JAN 17 2006

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TELEFAX**Date:** January 17, 2006**Total pages:** 61 (w/fax cover)**To:** USPTO**Telephone:****Telefax:** 571-273-8300**From:** Patrea Pabst**Telephone:** 404-879-2151**Telefax:** 404-879-2160**Our Docket No.** MIT8299**Client/Matter No.** 701350/31

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**RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROSECUTION
ART UNIT 1617****Applicant:** Monty Krieger**Serial No.:** 09/148,012**Art Unit:** 1647**Filed:** September 4, 1998**Examiner:** Robert Landsman**For:** *SR-BI Antagonist and Use Thereof as Contraceptives and in the
Treatment
of Steroidal Overproduction***Attachments:**

Transmittal Form PTO/SB/21; Fee Transmittal PTO/SB/17; Amendment and
Response, two enclosures

CMCC 512 DIV
078856/66

JAN 17 2006

PTO/S&W/21 (09-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/148,012

Filing Date

September 4, 1998

First Named Inventor

Monty Krieger

Art Unit

1647

Examiner Name

Robert Landsman

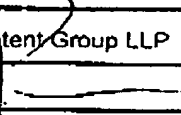
Attorney Docket Number

MIT 8299

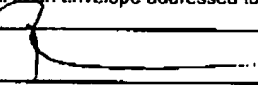
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to IC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	2 enclosures
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	January 17, 2006	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Patrea L. Pabst	Date	January 17, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CENTRAL FAX CENTER**JAN 17 2006****RESPONSE UNDER 37 C.F.R. 1.116**
EXPEDITED PROSECUTION
ART UNIT 1617**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Monty Krieger

Serial No.: 09/148,012

Art Unit: 1647

Filed: September 4, 1998

Examiner: Robert Landsman

For: *SR-BI Antagonist and Use Thereof as Contraceptives and in the Treatment
of Steroidal Overproduction*Box AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Sir:

Responsive to the Office Action mailed on August 15, 2005 and the Notice of Appeal
filed on November 15, 2005, please amend the application as follows.

It is believed that no fee is required with this submission. However, should a fee be
required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-
3129.

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